

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

h. **Hearing Aids**

Hearing aids and accessories are provided under the following conditions:

1. When a physician\*
  - a. provides documentation that a medical examination within the previous six months revealed that the recipient is a candidate for a hearing aid and that there is not contraindication to the use of a hearing aid, and
  - b. prescribes a hearing aid, if an audiologist at a Medicaid-enrolled hearing and speech center determines one would benefit the recipient.
2. When an audiologist at an enrolled and certified hearing and speech center determines the type(s) of hearing aid device(s) appropriate, and
3. When prior authorized by the Michigan Department of Public Health for the single State agency, and
4. When provided by a licensed enrolled hearing aid dealer.
- \* In cases of recipients under age 21, the physician must be a specialist in treatment of hearing problems.

TN No. 94-25 Approval Date DEC 13 1994 Effective Date 10/01/94  
Supersedes  
TN No. N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

---

13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES

a. **Diagnostic - PAP Smears** (Same for categorically needy and medically needy clients)

Routine annual PAP smears are covered for eligible females when performed by a licensed physician, whether furnished in the physician's office, an inpatient or outpatient setting, or elsewhere. Additional PAP smears may be covered if a physician determines that the patient's medical history or condition warrants a PAP smear before the required 12-month period has elapsed.

**NOTE:** Payment to a physician for the administration of a PAP smear must not duplicate payment to an inpatient or outpatient facility.

b. **Screening services** - Not provided.

c. **Preventive Services** - Not provided.

d. **Rehabilitative Services**

1) **Substance abuse rehabilitation services**

The program covers medically necessary rehabilitation services for persons with a chemical dependency diagnosis. Medical necessity is documented by physician referral or approval of the treatment plan.

Services may be provided in residential settings or on an outpatient basis. Reimbursement will be excluded for rehabilitation services provided to any individual who is a patient in an IMD.

Substance Abuse Treatment Programs have been defined as those meeting the following criteria which assure that providers have the capacity to provide services but do not restrict client freedom of choice:

---

TN No. 90-28 Approval Date 11-8-93 Effective Date 10-15-90  
Supersedes  
TN No. 89-7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

---

- hold a standard Department of Public Health/Center for Substance Abuse Services (CSAS) license
- be accredited by any one of the following accrediting organizations:
  - JCAHO (Joint Commission on Accreditation of Healthcare Organizations).
  - CARF (Commission on Accreditation of Rehabilitation Facilities).
  - AOA (American Osteopathic Association).
  - COA (Council on Accreditation of Services for Families and Children)
- have a designated medical director (MD or DO) who assumes responsibility for the administration of all medical services performed by the program.
- have arrangements for medical emergencies and provision of first aid.
- have demonstrated experience, with positive outcomes, in delivery of substance abuse treatment services.
- have in place an evaluation process of program effectiveness.
- conform to CSAS licensing requirements for treatment plans, and for recipient rights and compliance.
- comply with the requirements of the CSAS Counselor Certification System for all program staff rendering treatment services.
- develop aftercare planning and referral services as appropriate.
- submit client data in accordance with the Statewide Substance Abuse Data System requirements for evaluation of services.
- In addition, an Intensive Outpatient Program (IOP) provider must submit a complete program description to CSAS.

Substance Abuse Treatment Programs may include the following and will be designated as qualified to render: residential subacute detoxification, residential rehabilitation, intensive outpatient programs (IOP) and programs and/or counseling (individual or group.) Detoxification, rehabilitation, and IOP require prior authorization. Intensive outpatient, individual and group counseling visits will be subject to program limits.

Medically necessary acute care detoxification will continue to be an inpatient benefit.

Reimbursement will be fee for service. Reasonable rates will be set in relationship to similar services for other provider types and comparable to other state agencies.

---

TN No. 90-28 Approval Date 11-08-93 Effective Date 10-15-90  
Supersedes  
TN No. 89-7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

---

2. **Subacute Ventilator-dependent Care** - If a hospital has a subacute ventilator-dependent care unit, the unit must be certified and meet all other requirements established by the Michigan Department of Public Health for ventilator-dependent care unit programs.

---

TN No. 90-28 Approval Date 11-08-93 Effective Date 10-15-90  
Supersedes  
TN No. ~~89-7~~ 89-7  
89-7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

-----  
Each admission must be prior authorized by the Michigan Department of Social Services. Each admission shall be from an acute care inpatient hospital setting where the recipient has reached a case specific outlier point under the Medicaid diagnostic related group (DRG) system whereby the Department has determined that objectives of the DRG system have been satisfied. Reimbursement shall not exceed the cost of continued acute care in the inpatient hospital setting. Placement in a community or long-term care setting at less cost to the Department must be unavailable or infeasible.

- 3) **Diabetes Patient Education** - Medicaid will cover diabetes patient education when prescribed by a physician. The outpatient hospital, health department clinic, or public-funded clinic must have the diabetes patient education program certified by the Michigan Department of Public Health. (Diabetes patient education rendered in any other setting will not be covered by Medicaid.) Medicaid will only cover one training program in a six-month period.
- 4) **Rehabilitation Services for Persons With a Neurological Damage**  
The program covers, upon prior authorization, medically necessary rehabilitation services for persons with neurological damage. Medical necessity is documented by an authorized assessment and physician approval of a care plan which has been developed by an interdisciplinary team. Services may be provided in supervised residential settings or on an outpatient basis.

Rehabilitation programs for persons with neurological damage must meet the program and staffing requirements stipulated by the single state agency. These requirements are based on the relevant standards established by the Commission on the Accreditation of Rehabilitation Facilities (CARF). All Medicaid enrolled providers of these services must have/maintain a three year CARF accreditation as a condition of participation in the Medicaid program.

01-01-93

**OFFICIAL**

TN No. 93-3 Approval Date 2-22-93 Effective Date 01-01-93

Supersedes

TN No. 90-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Michigan  
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

---

Residential programs must be conducted in facilities licensed by the state as foster care facilities. Residential programs include the following services when provided by, or under the direction of, appropriately qualified persons: diagnosis and evaluation, physician services, rehabilitative nursing services, cognitive rehabilitation services, physical therapy services, occupational therapy services, hearing and speech/language services, social work services, behavioral and psychological services, substance abuse services, and rehabilitation aide services. Appropriate orthotic and prosthetic services may also be provided on an ancillary basis.

Outpatient programs include the following, when provided by appropriately qualified persons, in either the outpatient or in-home setting; diagnosis and evaluation, rehabilitative nursing services, cognitive rehabilitation services, physical therapy services, occupational therapy services, hearing and speech/language services, social work services, behavioral and psychological services and rehabilitative aide services. Appropriate orthotic and prosthetic services may also be provided on an ancillary basis.

(5) **Mental Health Community Rehabilitation Services**

Mental health community rehabilitation services (MHCRS) are medically necessary services that are structured to achieve maximum reduction of assessed disability and/or restoration of a client to his/her best possible functional level. Medical necessity will be documented by a signed individual plan of service developed by an interdisciplinary team consistent with client assessments and approved by the physician or a licensed or approved practitioner of the healing arts.

MHCRS are covered benefits when provided under the auspices of an approved mental health rehabilitation service provider. To obtain approval, MHCRS providers must demonstrate the capacity to provide, either directly or under contract, a full continuum of mental health services, including the MHCRS defined herein.

Services are provided by staff with appropriate professional qualifications. Appropriateness of services and service delivery shall be monitored by qualified staff for consistency with the goals and objectives identified in the individual plan of service.

TN No. 91-12 Approval Date 7-11-91 Effective Date 04-01-91

Supersedes

TN No. 90-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND

SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

---

Covered Services, as listed below, are available for persons living in their own homes or in supervised residential situations and who require access to MHCRS site or in community settings as specified in the individualized plan of service.

Covered services include:

A. Mental Health Community Rehabilitation Treatment Services to include:

1. Medication monitoring and review
2. Medication administration
3. Crisis intervention
4. Individual, group, child and/or family therapy
5. Behavioral management
6. Occupational therapy

**OFFICIAL**

B. The following services when provided by the client's enrolled MHCRS team members:

1. Treatment planning
2. Health services
3. Psychiatric evaluation
4. Psychological testing
5. Physical therapy
6. Other professional assessments
7. Speech, language and hearing services
8. Professional treatment monitoring
9. Quarterly review
10. Transportation
11. Nursing home mental health monitoring

TN No. 91-21 Approval Date 11-25-91 Effective Date 04-01-91 10-1-91

Supersedes

TN No. 91-12

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State of Michigan**

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

---

13d. 6) **SPECIAL REHABILITATION SERVICES**

**A. Eligible Providers**

A provider of special rehabilitation services is as defined herein and agrees in writing with the single state agency as follows:

- 1.) to provide special rehabilitation services as prescribed by professionals acting within their scope of practice as defined by state law; and
- 2.) to provide special rehabilitation services in the least restrictive environment; and
- 3.) to comply with the provisions for quality assurance specified in Attachment 3.1-A, 13.d.(6).C of the state plan; and
- 4.) to maintain and submit all records and reports to ensure compliance with the Michigan Revised Administrative Rules for Special Education.

A provider of special rehabilitation services must be approved for participation and enrolled in the Michigan Medical Assistance Program. Services are provided directly by the special rehabilitation services provider or through subcontractors.

---

TN No. 91-23 Approval Date 12-17-93 Effective Date 10/1/91  
Supersedes  
TN No. \_\_\_\_\_



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
(OTHER THAN INPATIENT HOSPITAL AND LONG-TERM CARE FACILITIES)

---

13. d. (6) Mental Health Psychosocial Rehabilitation Programs (PSR)

PSR programs form an array of client-directed and professionally provided supports for individuals with serious mental illness. The programs are founded on the principles of client choice and active involvement in the operation of various aspects of the program and delivery of services. Services are provided during an "ordered day." The setting is made purposefully informal to reduce the psychological distance between staff and clients.

The PSR program uses the qualified staff from the Medicaid-enrolled mental health clinic and must be certified by the Department of Mental Health. Each client will have an individual plan of service that is monitored using existing mental health procedures (e.g., professional treatment monitoring, quarterly reviews).

The PSR program contains Medicaid-covered services (symptom identification and care, competency building, and environmental support) and noncovered services (vocational services and social/recreational services). Services must be provided at, originate from, a PSR center. Only that portion of the PSR that is covered by Medicaid may be billed to the program.

TN No. 93-22  
Supersedes  
TN No. N/A

Approval Date 10-22-93 Effective Date 07/01/93

Supplement to  
Attachment 3.1-A  
Page 27d

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of Michigan**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY****B. Benefits and Limitations**

Special rehabilitation services are evaluative, diagnostic and treatment services to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting, and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care.

Special rehabilitation services include the following:

07/01/94

1. **Speech, Language and Hearing:** These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician as defined in 42 CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; assistive technology devices and services; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.

07/01/94

2. **Occupational Therapy:** This service is prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). This service means evaluations of problems interfering with an individual's functional performance; assistive technology devices and services; and therapies which are rehabilitative, active, or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.

TN NO. 94-24Approval Date 7-8-96 Effective Date 07/01/94

Supersedes

TN NO. 91-23